

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K35928

1. Entity Name
ACCOUNTABILITY UNLIMITED, INC.

FILED
Feb 08, 2001 8:00 am
Secretary of State

02-08-2001 90065 021 ***150.00

Principal Place of Business

Mailing Address

18356 N HWY 329
REDDICK FL 32686

18356 N HWY 329
REDDICK FL 32686

2. Principal Place of Business

3. Mailing Address

18356 N. HWY 329
Suite, Apt. #, etc.

18356 N. HWY 329
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
REDDICK FL

City & State
REDDICK FL

4. FEI Number 65-0077783

Applied For
Not Applicable

Zip
32686

Country
MARION

Zip
32686

Country
MARION

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MCKEE, MICHAEL A
18356 N HWY 329
REDDICK FL 32686

18356 N. HWY 329

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D/PRES/TREAS/
MCKEE, MICHAEL A.
18356 N HWY 329 18356 N. HWY 329
REDDICK FL 32686

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D/VP/SEC
MCKEE, YOLANDA
18356 N HWY 329 18356 N. HWY 329
REDDICK FL 32686

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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CITY-ST-ZIP
☐ Change ☐ Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MICHAEL A. MCKEE

Date

Daytime Phone #

CR2E034 (10/00)